lease print or ty	ype in the unshad	ed areas only.					Form Approved. OMB No. 2040-0	J86.		
FORM	U.S. ENVIRO					I. EPA I.D. NUMBER				
'1) www Break Tar F. N.					FORMAT		F		-	T/A C
GENERAL		Consolidated Permits Program (Read the "General Instructions" before starting.)				1 2 13 14				
	LITEMS	1.200.000	GENERAL INSTRU			it in the				
LABEI	LIIEMS		designated space. Review the inform	nation c	arefully;	if any of it				
I. EPA I.D.	NUMBER		is incorrect, cross through it and en appropriate fill-in area below. Also, if	any of t	the prep	rinted data				
III. FACILITY	NAME	is absent (the air please PLACE LABEL IN THIS SPACE information that s. fill-in area(s) better						ise prov complete	ride it in e and o	the proper correct, you
V. FACILITY ADDRES	Y MAILING SS	need not complete Items I, III, V must be completed regardless has been provided. Refer to the						ind VI (ind VI) (ind VII) (ind VIII) (in	<i>(except</i> all items is for de	VI-B which if no label etailed item
//. FACILITY LOCATION descriptions and for the legal data is collected.								nzations	i under	WHICH THIS
II. POLLUTAN	T CHARACTERIS	TICS								
submit this for	m and the supple o" to each questic	mental form licted in the nare	nthesis I these	s follow forms bold-1	wing the qual S. You may faced terms	estion. Mark "X" in the box in answer "no" if your activity is	the EPA. If you answer "yes" to ar the third column if the supplement excluded from permit requirement	illai ioi	III IS CIL	n C of the
			YES	Mari NO	FORM	eneciei.	C QUESTIONS	YES	NO	FORM
	SPECIFIC QU				ATTACHED		y (either existing or proposed)	-		ATTACHED
A. Is this facilit results in a	ty a publicly ow discharge to wat	ned treatment works which ers of the U.S.? (FORM 2A)	16	17	18	include a concentrated	I animal feeding operation or tion facility which results in a	19	20	25
O la siala a feri	oilite adoigh purror	ntly results in discharges to	100				(other than those described in A	1		
waters of t above? (FO	the U.S. other the	in those described in A or B	22	X 23	24	or B above) which will re the U.S.? (FORM 2D)	esult in a discharge to waters of	25	25	27
E. Does or v	vill this facility t	reat, store, or dispose of	T		7	F. Do you or will you in	ject at this facility industrial or			
	wastes? (FORM			X		containing, within one	slow the lowermost stratum quarter mile of the well bore, drinking water? (FORM 4)		X	
	124 7 7 14 23-		28	29	30		at this facility fluids for special	31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?				×		g of sulfur by the Frasch process, rals, in situ combustion of fossil lermal energy? (FORM 4)		×		
(FORM 4)			34	35	38	1 (- 4) (- 6 - 118)	sed stationary source which is	37	38	39
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect 				X	42	NOT one of the 28 in instructions and which wear of any air pollutant	idustrial categories listed in the will potentially emit 250 tons per regulated under the Clean Air Act located in an attainment area?		X 44	45
or be locate	ed in an attainmen	t area? (FORM 5)	40	47	42	(FORM 5)	located in an attainment area?			
	FACILITY			7						<u> </u>
SKIP SKIP	Exemption (b) (6) Da	iry	'		, , ,					
15 16 - 29 30								69		
IV. FACILITY	CONTACT						0.010157			
		A. NAME & TITLE (las	t, first,	& title) - 1 - 1 - 1		B. PHONE (area code & no.) FOIA Exemption (b) (6	, 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 FOIA Exer 2 15 16	nption (b) (6)		· ·	1 1		45	46 48 49 51 52	55		
	AILING ADDRES	S								
		A. STREET OR P	.O. BO	ΟX						
^c ₃ FOIA	Exemption	i (b) (6)	TT	I						
15 16						45 O OTATE	D. ZIP CODE			
		B, CITY OR TOWN		т-т		C. STATE				
Pearl	'City '	1 1 1 1 1 1 1	•	1 1	, , ,	, , , IT	61062 ' '			
15 16						40 41 42 4	47 51			
VI. FACILITY		· · · · · · · · · · · · · · · · · · ·					1	78-		, , , , ,
c FOIA	A. ST Exempti	on (b) (6)	ER SP	ECIFI	CIDENTIFI	ER 		į.		72
15 16						45	1 406		2010	
		B. COUNT	Y NAN	ΛE,			- Fnyimman	f ^{olo} 2	۰۰ دهاناست	
Stephen	son						Environmental WPC-P			
46		C. CITY OR TOWN			***	D. STATE	E. ZIP CODE F. COUNTY (ρñ)
c Pearl	City		Т	ТТ			61062			

CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority)								
A. FIRST	B. SECOND							
7 0241 (specify) Dairy Farm	$\frac{c}{7}$ (specify)							
15 16 . 19	15 18 - 10							
C. THIRD	D. FOURTH							
7	[7] (specify)							
16 10	15 15 - 15							
A. NAME.	B.Is the name listed in Item							
8 15 16	VIII-A also the owner? ☑ YES □ NO							
C. STATUS OF OPERATOR (Enter the appropriate letter into the	answer box: if "Other," specify.) D. PHONE (area code & no.)							
	pecify) FOIA Exemption (b) (6) 15 6 - 18 19 - 21 22 - 28							
E, STREET OR P.O. BOX								
FOIA Exemption (b) (6)	55							
F. CITY OR TOWN	G. STATE H. ZIP CODE IX. INDIAN LAND							
B Pearl City	IL 61062 Second to 1 1 1 1 1 1 1 1 1 1							
X. EXISTING ENVIRONMENTAL PERMITS								
9 N 9 P	nissions from Proposed Sources)							
15 16 17 18	so E. OTHER (specify)							
S. Old (Indergrand Injection b) Prints) 9 U	E. OTHER (specify) (specify)							
15 16 17 18 30 15 16 17 18	30							
C. RCRA (Hazardous Wastes)	E. OTHER (specify)							
9 R 9	(Specify)							
15 16 17 16 30 15 16 17 18	33							
XI. MAP Attach to this application a topographic map of the area extending to at least one location of each of its existing and proposed intake and discharge structures, each injects fluids underground. Include all springs, rivers, and other surface water bodies XII. NATURE OF BUSINESS (provide a brief description)	mile beyond property boundaries. The map must show the outline of the facility, the of its hazardous waste treatment, storage, or disposal facilities, and each well where it in the map area. See instructions for precise requirements.							
The facility currently operates as an agricultural faci	lity that feeds and milks dairy cattle.							
XIII. CERTIFICATION (see instructions) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I								
am aware that there are significant penalties for submitting false information, including A. NAME & OFFICIAL TITLE (type or print) Chris J West B. SIGNATURE								
President-Frank and West	1. Not 07/19/2010							
COMMENTS FOR OFFICIAL USE ONLY								
c								

EPA I.D. NUMBER (copy from Item 1 of Form 1)

FORM 2B NPDES	EPA CONC	U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES									
I. GENERAL INFO	RMATION	Applying for:	Individual Per	mit (Coverage Ui	nder Ge	neral Permit	×		
A. TYPE OF BUSINI	ESS	B. CONTACT INFORMATION							Y OPERATION ATUS		
I. Concentrated A Operation (command Section II) 2. Concentrated A Production Faci B, C, and section	Owner/or Operator Name FOIA Exemption (b) (6) Address: FoIA Exemption (b) (6) Facsimile: () City: Peart City State: ft. Zip Code: 61062						■ 1. Existing Facility □ 2. Proposed Facility				
D. FACILITY INFORMATION Name FOIA Exemption (b) (6) Address: City: Pearl City Country: Stephenson Latitude: State: L Longitude FOIA Exemption (b) (6) Longitude Folia Exemption (b) (6) Folia Exemption (b) (6) Folia Exemption (b) (6) Folia Exemption (b) (6) Longitude Folia Exemption (b) (6) Longitude Folia Exemption (b) (6) Folia Exemption (b) (6)											
II. CONCENTRATE	D ANIMAL FEEDI	NG OPERAT	ION CHARACT	ERIST	ıcs						
A. TYPE AND NUMBER OF ANIMALS B. Manure, Litter and/or Wastewater Production and Use								n and Use			
		2. ANIMAL	s	a) How much manure, litter and wastewater is generated annually by the facility? 4,670m tons 7,821,70m gallons							
1. TYPE	NO. IN O		O. HOUSED NDER ROOF	th	e applica	ant are availa	nany acres of land under the control of lable for applying the CAFOs ater? 975.00 acres				
Mature Dairy Cow	ŝ		824.00	c) How many tons of manure				litter, or gallo	ns of waste-		
■ Dairy Heifers							the CAFO will be transferred annually ons/gallons (circle one) 0.00 tons				
☐ Veal Calves											
Cattle (not dairy or	veal)										
Swine (55 lbs. or o	ver)										
☐ Swine (under 55 lb	s.)										
☐ Horses											
☐ Sheep or Lambs											
☐ Turkeys											
	*										

EPA Form 3510-2B (12-02)

AUG 0 4 2010
Environmental Protection
WPC--Permit Log in



May an agree of Sur Ed Sagar Land of the

		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT							
☐ Chickens (Broilers)									
Chickens (Layers)	Medicinal								
☐ Ducks		endered behand 1944.							
☐ Other									
Specify									
3. TOTAL ANIMALS									
C. TOPOGRAPHIC MAP									
D. TYPE OF CONTAINMENT, STORAGE A	ND CAPACITY								
Type of Containment	Total Capac	city (in gallons)							
☐ Lagoon									
🐼 Holding Pond	3,530	0,229.00							
Evaporation Pond									
Other: Specify									
2. Report the total number of acres contributing	Report the total number of acres contributing drainage:								
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)							
☐ Anaerobic Lagoon									
☐ Storage Lagoon									
Evaporation Pond									
Aboveground Storage Tanks									
☐ Belowground Storage Tanks									
Roofed Storage Shed	221.00	2,498.00							
☐ Concrete Pad									
☐ Impervious Soil Pad									
Other: Specify Holding Ponds	174.00	3,530,230.00							
E. NUTRIENT MANAGEMENT PLAN									
A. Has a nutrient management plan been developed? ☑ Yes □ No									
B. Is a nutrient management plan being implemented for the facility? ■ Yes □ No									
C. If no, when will the nutrient management plan be developed? Date:									
D. The date of the last review or revision of the nutrient management plan. Date: 07/19/2010									
E. If not land applying, describe alternative a	use(s) of manure, litter a	nd or wastewater:							

F. LAND APPLICATION BEST MANAGEMENT PRACTICES Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:											
≥ Buffers	Setbacks	S Conservation till	age 🖸 Constr	ucted wetlands	Q Inf	iltration fie	ld 🔾 Gra	ass filte	r 🛘 Terrace		
III. CONCENT	III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS										
	fall give the maxi e long-term averag	mum daily flow, m ge flow.	B. Indicate the total number of ponds, raceways, and similar structures in your facility.								
1. Outfall No. 2. Flow (gallons per day)				1. Ponds		2. Raceways 3			Other		
	a. Maximum b. Maximum c. Long Term Daily 30 Day Average				C. Provide the name of the receiving water and the source of water used by your facility.						
						1. Receiving Water 2. Water Sou					
D. List the spec	D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.										
	1. Cold W	ater Species		2. Warm Water Species							
a. Species b. Harvest			eight (pounds)	a. Species		b. Harvestable Weight (pounds)					
		(1) Total Yearly	(2) Maximum				(1) Total Y	early	(2) Maximum		
					oʻl ersam vəsalası		ASSENSACIONE DE L'AUTORITÉ				
Report the total pounds of food during the calendar month of maximum feeding.				1. Month			2. Pounds of Food				
IV. CERTIFIC	ATION										
attachments and information is to	l that, based on m	I have personally e v inquiry of those in omplete. I am awa nt.	ndividuals immedi	ately responsible	for obta	aining the i	nformation,	Î believ	e that the		
A. Name and O Chris J West - Pr		B. Phone No. (217.1) 4,877,686.00									
C. Signature	mayoraa seemaa xaasaa ka k	D. Da	D. Date Signed 07/19/2010								